



# DEPARTMENT OF DEVELOPMENTAL SERVICES

## PSYCHIATRIC TECHNICIAN (SAFETY)

DEPARTMENTAL OPEN

5DS13

For information about DEPARTMENT OF DEVELOPMENTAL SERVICES please visit [www.dds.ca.gov](http://www.dds.ca.gov)

The State of California is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation

### EXAMINATION TYPE

This is an **OPEN, SPOT** examination for the Department of Developmental Services, **PORTERVILLE DEVELOPMENTAL CENTER (PDC)**

The **examination** is a **TRAINING AND EXPERIENCE (T & E) ASSESSMENT** and will consist solely of a **SUPPLEMENTAL APPLICATION**.

### HOW TO APPLY

#### PLEASE COMPLETE & SUBMIT:

- **A STANDARD STATE APPLICATION (STD. 678) FORM**
- **A SUPPLEMENTAL APPLICATION (Link available below)**
- Applicants are required to provide **verification of a valid license**. A **copy of a valid license** to practice as a Psychiatric Technician **MUST** be provided prior to appointment as a Psychiatric Technician.
- **Criminal Record Supplemental Questionnaire**

**NOTE:** All standard State application forms **must** include: **"to"** and **"from" dates** (month/day/year); **time base**; and **civil service class titles**. Resumes will not be accepted in lieu of a completed standard State application (STD. 678) form.

### WHERE TO APPLY

#### MAIL EXAMINATION APPLICATION/ DOCUMENTS TO:

Porterville Developmental Center  
P.O. Box 2000  
Porterville, CA 93258  
Attention: HR/Exams

**Faxed or emailed applications will not be accepted.** Do not submit applications to the California Department Of Human Resources or the State Personnel Board.

### POSITION LOCATION(S)

Porterville Developmental Center (DC). **ONLY**

### FINAL FILE DATE

**Continuous**

### SALARY RANGE

Range S: \$4566 - \$4910  
Range T: \$4720 - \$5077  
Range U: \$4894 - \$5264

The salaries may not reflect all pay raises and/or additional bonuses. You should verify the salary with the department personnel office prior to making a commitment.

### TESTING INFORMATION

This examination is a **Training and Experience - Weighted 100%**.

The examination will consist solely of a **SUPPLEMENTAL APPLICATION**. In order to obtain a position on the eligible list, a minimum rating of 70.00% must be attained.

SEE BELOW FOR **SUPPLEMENTAL APPLICATION**

<b>REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION</b>	<p>It is your responsibility to make sure you meet the education and/or experience requirements stated on this announcement on the date you submit your application.</p> <p><b>NOTE: All applicants must meet the education and/or experience requirements listed in the “MINIMUM QUALIFICATIONS” for the classification by the final file date of the examination.</b></p>	
<b>MINIMUM QUALIFICATIONS</b>	<p>Possession of a valid license to practice as a Psychiatric Technician issued by the California Board of Vocational Nurse and Psychiatric Technician Examiner (BVNPTE)          (Applicants who are within four months of completing the Psychiatric Technician curriculum accredited by the BVNPTE will be admitted to the examination, but they must secure this license before they will be eligible for appointment.)</p>	
<b>SPECIAL PERSONAL &amp; PHYSICAL CHARACTERISTICS</b>	<p>An interest and a willingness to work at a DC, State hospitals, and correctional facilities or psychiatric outpatient clinics in the Department of Corrections; understanding of the behavior of forensic clients', patients', or inmates' emotional stability; patience; tolerance; tact; alertness; neat personal appearance; and hearing and vision required for successful job performance.</p> <p>Possession and maintenance of sufficient strength, agility, and endurance to perform during physically, mentally, and emotionally stressful and emergency situations encountered on the job without endangering the health and well-being of the incumbent, fellow employees, forensic clients, patients, inmates, or the public.</p>	
<b>EXAMINATION SCOPE</b>	<p><b>Knowledge of:</b></p> <ol style="list-style-type: none"> <li>1. Custody procedures, and public and property protection policies;</li> <li>2. Fundamentals of nursing care, general behavioral and psychiatric procedures, forensic client, patient, or inmate behavior and mental health principles and techniques involved in the care and treatment of individual or groups of developmentally or mentally disordered forensic clients, patients, or inmates;</li> <li>3. Current first-aid methods;</li> <li>4. Medical terminology;</li> <li>5. Pharmacology;</li> <li>6. Cardiopulmonary resuscitation;</li> <li>7. Management Assaultive Behavior techniques;</li> <li>8. Hospital procedures.</li> </ol>	<p><b>Ability to:</b></p> <ol style="list-style-type: none"> <li>1. Learn and apply sound judgment for situations including the protection of persons and property;</li> <li>2. Apply basic nursing knowledge, skills, and attitudes;</li> <li>3. Establish effective therapeutic relationships with developmentally or mentally disordered forensic clients, patients, or inmates;</li> <li>4. Recognize symptoms requiring medical or psychiatric attention;</li> <li>5. Think and act quickly in emergencies;</li> <li>6. Work with a treatment team to provide occupational, recreational, vocational, and educational therapy programs for forensic clients, patients, or inmates;</li> <li>7. Follow directions;</li> <li>8. Keep appropriate records;</li> <li>9. Develop clear and concise reports of incidents;</li> <li>10. Analyze situations accurately and take effective action.</li> </ol>
<b>POSITION DESCRIPTION</b>	<p>This is the journey level in this series. Incumbents work under general supervision and, in addition to their custody responsibilities, provide a basic level of general behavioral and psychiatric nursing care and are expected through their attitude, knowledge, and performance to facilitate the rehabilitation of forensic clients, patients, or inmates. Incumbents may assist in the training of Psychiatric Technician Trainees and other ancillary staff.</p>	
<b>ELIGIBLE LIST INFORMATION</b>	<p>A departmental open eligible list will be established for PDC ONLY. The resulting eligible list will be used to fill vacancies at PDC.</p> <p>Candidate may be tested once during a testing period (12months). If you have taken an examination for this classification with PDC within the last 12 months, you are not eligible to compete in this examination.</p> <p>This list will be abolished 12 months after it is established unless the needs of the service and condition of the list warrant a change in this period. The names of successful competitors will be placed onto an eligible list in order of final score.</p>	

<b>BACKGROUND INVESTIGATION</b>	Competitors who are successful in this examination will be required to complete (prior to an appointment in this class) a background investigation document, on which information regarding certain arrests (regardless of conviction) and felony convictions must be divulged. Information collected on this document is distinct from that required on the Standard Application for Examination, Form Std. 678, and the Criminal Record Supplemental Questionnaire (CRSQ) that is filled out prior to the examination. The hiring agency uses the information obtained on the background investigation document to conduct background investigations and/or to determine an individual's suitability for employment.
<b>VETERANS' PREFERENCE</b>	Veterans' preference will be granted in this examination.

### GENERAL INFORMATION

It is the **CANDIDATE'S RESPONSIBILITY** to contact the Department of Developmental Services' Testing Office three days prior to the test date if he/she has not received his/her notice.

It is the **CANDIDATE'S RESPONSIBILITY** to contact the Department of Developmental Services' Testing Office three weeks after the final filing date if he/she has not received a progress notice.

If a candidate's notice of oral interview fails to reach him/her prior to the day of the interview due to a verified postal error, he/she will be rescheduled upon written request.

Applications are available at State Personnel Board Offices, local offices of the Employment Development Department and the Department noted on the front.

If you meet the requirements stated on the reverse side, you may take this examination, which is competitive. Possession of the entrance requirement does not assume a place on the eligible list. Your performance in the examination described on the reverse side of this bulletin will be compared with the performance of the others who take this test, and all candidates who pass will be ranked according to their scores.

**THE STATE PERSONNEL BOARD** reserves the right to revise the examination plan to better meet the needs of the service if the circumstances under which this examination was planned change. Such revision will be in accordance with civil service laws and rules and all competitors will be notified.

**EXAMINATION LOCATIONS:** Locations of interviews may be limited or extended as conditions warrant.

**ELIGIBLE LISTS:** Eligible lists established by competitive examination, regardless of date, must be used in the following order: 1) sub-divisional promotional, 2) departmental promotional, 3) multi-departmental promotional, 4) service-wide promotional, 5) departmental open, 6) open. When there are two lists of the same kind, the older must be used first. Eligible lists will expire in one to four years unless otherwise stated on this bulletin.

**GENERAL QUALIFICATIONS:** Candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, and ability to work cooperatively with others; and a state of health consistent with the ability to perform the assigned duties of the class. A medical examination may be required. In open examinations, investigation may be made of employment records and personal history and fingerprinting may be required.

**INTERVIEW SCOPE:** In addition to the scope described on the reverse of this bulletin, the panel will consider education, experience, personal development, personal traits, and fitness. In appraising experience, more weight will be given to the breadth and recency of pertinent experience and evidence of the candidate's ability to accept and fulfill increasing responsibilities than the length of his/her experience. Evaluation of a candidate's personal development will include consideration of his/her recognition of his/her own training needs; his/her plans for self-development; and the progress he/she has made in his/her efforts toward self-development.

DEPARTMENT OF DEVELOPMENTAL SERVICES - 1600 9TH STREET, Sacramento, CA 95814  
Telephone: Public: (916) 322-9335 TDD: Voice of hearing impaired (916) 654-2054

<b>Fairview DC</b> <b>2501 Harbor Blvd</b> <b>Costa Mesa, CA</b> <b>92626</b>	<b>Porterville DC</b> <b>26501 Ave. 140</b> <b>Porterville, CA</b> <b>93257</b>	<b>Sonoma DC</b> <b>1500 Arnold Dr.</b> <b>Eldridge, CA</b> <b>95431</b>	<b>Canyon Springs</b> <b>69-696 Ramon Road</b> <b>Cathedral City, CA</b> <b>92234</b>
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**PSYCHIATRIC TECHNICIAN and  
PSYCHIATRIC TECHNICIAN (Safety)**

**SUPPLEMENTAL APPLICATION**

The **PSYCHIATRIC TECHNICIAN - 8232 and PSYCHIATRIC TECHNICIAN (Safety) – 8253** examination are being administered as a **Departmental, OPEN** Continuous file examination for **Porterville Developmental Center**. These are Training and Experience (T&E) examinations and consist solely of a **Supplemental Application**.

One **Supplemental Application** is utilized for the **Psychiatric Technician and Psychiatric Technician (Safety)** and accounts for 100% of the examination. As a result of this examination **TWO eligible lists** will be established and used to fill vacancies at **Porterville Developmental Center ONLY**.

On the **Supplemental Application** you **must** check ☒ the exam(s) you are applying for and complete the applicable section(s). If you are applying for the **Psychiatric Technician ONLY complete # 1-18**, for the **Psychiatric Technician (Safety) ONLY or BOTH complete #1-23**.

The examination is designed to elicit a range of specific information regarding each candidate's knowledge, skills and abilities to effectively perform the duties of the classification. The score is based upon an evaluation of the responses provided in the Supplemental Application and utilizes predetermined rating criteria and established rating scales

It is the candidates responsibility to ensure they meet the **minimum requirements** (located on the examination Bulletin) of the classification. Candidates **MUST read and follow the instructions and print, complete and submit the required documents referenced below**

**HOW TO APPLY – 2-STEP PROCESS**

**1. Complete and submit:**

- **Supplemental Application** – Located on the following pages
- **Standard State Application (STD. 678)** - [State Application](#)
- **Attach a copy of license** - A valid license to practice as a Psychiatric Technician issued by the California Board of Vocational Nursing and Psychiatric Technician.
- **Criminal Record Supplemental Questionnaire**

**2. Send to Address:**

**California Department of Developmental Services Porterville**  
P.O. Box 2000  
Porterville, CA 93258  
Attention: HR/Exams

**Contact Information:** After reading the entire **Examination Bulletin** and **Supplemental Application**, if you have questions you may contact Cecilia Goucher at 559-782-2322 or [Cecelia.Goucher@pdc.dds.ca.gov](mailto:Cecelia.Goucher@pdc.dds.ca.gov).

# PSYCHIATRIC TECHNICIAN

## Supplemental Application

### INSTRUCTIONS

Please read the instructions prior to proceeding to the “**Supplemental Application**” examination. This **Supplemental Application** consists of *three “SCALES”*, that will be used to rate the questions/statements. You will assign *one rating* from each scale and three ratings for every task question/statement.

Using the **THREE SCALES (A-C)** below, you will rate each job-related task statement/question as it applies to you. The scales included are; two **Rating Scales (Scale A & B)** and one **Reference Code (Scale C)**.

#### **SCALE A - LEVEL of Experience (Training/Education)**

**Instructions:** In **Scale A – (Rating 1-5)**, assign one rating for the **LEVEL of Experience (Training and/or Education)** you have performing a specific **job-related task**. You may also refer to **formal education & training courses** and/or **work experience (paid and/or volunteer)**.

##### **Scale A: (Rating 1-5)**

**1 = NO EXPERIENCE/TRAINING**

**2 = Have had education/training ONLY, NO work experience**

**3 = Have had education and on-the-job training and/or in an apprentice/mentor program**

**4 = Have had education/training and experience performing independently**

**5 = Have had education/training and experience as a lead and/or supervised others**

#### **SCALE B – LENGTH of Time**

**Instructions:** In **Scale B – (Rating 1-5)**, assign one rating for the **Length of time** you have **performed and/or received training** in a specific **job-related task** statement/question.

##### **Scale B: (Rating 1-5)**

**1 = NO EXPERIENCE/TRAINING**

**2 = Less than 1 year**

**3 = 1 to 3 years**

**4 = 3 to 5 years**

**5 = More than 5 years**

**PSYCHIATRIC TECHNICIAN**  
**Supplemental Application**  
**INSTRUCTIONS (cont.)**

**SCALE C – Reference Code (A-E)**

**Instructions:** In **Scale C – (A-E)**, List **reference verification** information of persons that can verify your experience, training and/or education. A **Reference Code**, (maximum of 5 and no less than 1) should include a **previous/current Employer, Training Instructor and/or Teacher/Educational Instructor**. **DO NOT** list friends or family members as a reference.

**Scale C: (Code A-E)**

**Code A**

Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates (Employment/Training/Education): From: \_\_\_\_\_ To: \_\_\_\_\_

**Code B**

Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates (Employment/Training/Education): From: \_\_\_\_\_ To: \_\_\_\_\_

**Code C**

Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates (Employment/Training/Education): From: \_\_\_\_\_ To: \_\_\_\_\_

**Code D**

Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates (Employment/Training/Education): From: \_\_\_\_\_ To: \_\_\_\_\_

**Code E**

Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates (Employment/Training/Education): From: \_\_\_\_\_ To: \_\_\_\_\_

# PSYCHIATRIC TECHNICIAN

## Supplemental Application

Check ☒ the box for which examination you are applying:

☐ **PSYCHIATRIC TECHNICIAN Only (Complete #1-18)**

☐ **PSYCHIATRIC TECHNICIAN (Safety) Only or** ☐ **BOTH (Complete #1-23)**

Read each Task Statement (#1-18 or #1-23) and assign a **rating** utilizing **scales A-C** (listed below)

SCALES	SCALE A	SCALE B	SCALE A - Rating	SCALE B- Rating	SCALE C - Code	Personnel use only
	1. No experience/training 2. Have had education/training ONLY, NO Job experience 3. Have had education and on-the-job training and/or in an apprentice/mentor program 4. Have had education/training and experience performing independently 5. Have had education/training and experience as a lead and/or supervised others	1. No experience/training 2. Less than 1 year 3. 1 to 3 years 4. 3 to 5 years 5. More than 5 years				
	TASK STATEMENTS					
1.	Experience administering medication to challenging and/or combative persons					
2.	Experience in nursing procedures and administering injections and urinary catheterizations					
3.	Experience with Psychotropic Medications and knowledge of possible side effects					
4.	Experience working in a team environment or team project, with regards to treatment plans					
5.	Experience with mental and/or physical disability					
6.	Promoting independence of persons with mental and/or physical disability					
7.	Experience working in a group therapy environment					
8.	Experience in identifying a possible suicide situation and what signals/behaviors to look for					
9.	Experience evaluating a treatment plan					
10.	Experience developing a treatment plan					
11.	Identifying abuse and/or misuse of prescription medication					
12.	Responding to an emergency situation involving unresponsive persons					
13.	Experience evaluating a treatment plan					
14.	Experience developing a treatment plan					

# PSYCHIATRIC TECHNICIAN

## Supplemental Application

SCALES	SCALE A	SCALE B	SCALE A - Rating	SCALE B- Rating	SCALE C - Code	Personnel use only	
	1. No experience/training 2. Have had education/training ONLY, NO Job experience 3. Have had education and on-the-job training and/or in an apprentice/mentor program 4. Have had education/training and experience performing independently 5. Have had education/training and experience as a lead and/or supervised others	1. No experience/training 2. Less than 1 year 3. 1 to 3 years 4. 3 to 5 years 5. More than 5 years					<b>SCALE C</b> Reference Codes A-E
	TASK STATEMENTS						
15.	Experience dealing with abuse and identifying persons who have been abused and/or mistreated						
16.	Experience identifying persons who may have ingested a foreign body						
17.	Possess the ability to communicate utilizing other forms of communication in addition to verbal						
18.	Experience with missing person searches						
19.	Experience with search and seizures						
20.	Experience handling a security breach, involving other persons						
21.	Experience dealing with assault behaviors on other persons						
22.	Knowledge of various protective equipment (alarms, whistles, pagers, etc.)						
23.	Experience with the use of physical restraints to other persons						

This **concludes the examination** and the **end of the Supplemental Application**. Please complete the following personal information (below) and return all pages (2-5) to the address provided.

**Candidate Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ (Home), \_\_\_\_\_ (Work)

**E-mail Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

\_\_\_\_\_  
*I certify and understand that my original signature certifies that all statements made in this Supplemental Application is true to the best of my knowledge and contains no willful misrepresentation.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**